

## Example Claims with indication of allowed amounts - For Illustration Purposes Only

<b>Example: #1</b>								
<b>BILL TYPE:</b>	131			Urban Hospital				
<b>LINE #</b>	<b>REV. CODE</b>	<b>DESCRIPTION</b>	<b>HCPC/CPT CODE</b>	<b>DESCRIPTION</b>	<b>UNIT BILLED</b>	<b>BILLED CHARGE</b>	<b>ALLOWED AMOUNT</b>	<b>Overall Claim - Step 1</b> Passed; Proceed to Step 2; <b>Step 2</b> E/R or Surgical CPT/HCPCS Present on Line 2; Proceed to Step 3 for all lines except Line 2; Proceed to Step 6 for Line 2
01	251	DRUGS/GENERIC			2	\$96.95	\$0.00	<b>Line 1 - Step 3</b> Revenue Code Bundled under E/R; Proceed to Step 4; <b>Step 4</b> if qualified under surgery bundling, verify that exempt procedure is not present; <b>Step 5</b> value line at \$0.00
02	450	EMERGENCY ROOM	99282	EMERGENCY DEPARTMENT VISIT	1	\$134.25	\$88.64	<b>Line 2 - Step 6</b> Procedure Specific Rate Found; Proceed to Step 7; <b>Step 7</b> multiple the allowed unit of 1 by rate; Proceed to Step 9; <b>Step 9</b> Apply Peer Group Modifier if applicable
03						\$231.20	\$88.64	

## Example Claims with indication of allowed amounts - For Illustration Purposes Only

<b>Example: #2</b>								
<b>BILL TYPE:</b>		131		Urban Hospital				
								<b>Overall Claim - Step 1</b> Passed; Proceed to Step 2; <b>Step 2</b> E/R or Surgical CPT/HCPCS Present on line 2; Proceed to Step 3 for all lines except Line 2; Proceed to Step 6 for Line 2
<b>LINE #</b>	<b>REV. CODE</b>	<b>DESCRIPTION</b>	<b>HCPC/CPT CODE</b>	<b>DESCRIPTION</b>	<b>UNIT BILLED</b>	<b>BILLED CHARGE</b>		
01	250	PHARMACY			2	\$62.40	\$0.00	<b>Line 1 - Step 3</b> Revenue Code Bundled under E/R; Proceed to Step 4; <b>Step 4</b> if qualified under surgery bundling, verify that exempt procedure is not present; <b>Step 5</b> value line at \$0.00
02	450	EMERGENCY ROOM	99283	EMERGENCY DEPARTMENT VISIT	1	\$269.40	\$215.07	<b>Line 2 - Step 6</b> Procedure Specific Rate Found; Proceed to Step 7; <b>Step 7</b> multiple the allowed unit of 1 by rate; Proceed to Step 9; <b>Step 9</b> Apply Peer Group Modifier if applicable
03	450	EMERGENCY ROOM	90782	THERA., PROPHYLACTIC OR DIAG INJECT	1	\$139.10	\$35.26	<b>Line 3 - Step 3</b> Revenue Code Not Bundled under E/R; Proceed to Step 6; <b>Step 6</b> Procedure Specific Rate Found; Proceed to Step 7; <b>Step 7</b> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <b>Step 9</b> Apply Peer Group Modifier if applicable
04	730	EKG/ECG	93005	ELECTROCARDIOGRAM	1	\$235.40	\$26.88	<b>Line 4 - Step 3</b> Revenue Code Not Bundled under E/R; Proceed to Step 6; <b>Step 6</b> Procedure Specific Rate Found; Proceed to Step 7; <b>Step 7</b> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <b>Step 9</b> Apply Peer Group Modifier if applicable
05						\$706.30	\$277.21	

**Example Claims with indication of allowed amounts - For Illustration Purposes Only**

<b>Example: #3</b>							
<b>BILL TYPE:</b>	131			Urban Hospital			
<b>LINE #</b>	<b>REV. CODE</b>	<b>DESCRIPTION</b>	<b>HCPC/CPT CODE</b>	<b>DESCRIPTION</b>	<b>UNIT BILLED</b>	<b>BILLED CHARGE</b>	
							<b>Overall Claim - Step 1 Passed, Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present on Line 1, Proceed to Step 6</b>
01	450	EMERGENCY ROOM	99282	EMERGENCY DEPARTMENT VISIT	1	\$335.00	\$88.64
							<b>Line 1 - Step 6 Procedure Specific Rate Found, Proceed to Step 7; Step 7 multiple the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>
02						\$335.00	\$88.64

### Example Claims with indication of allowed amounts - For Illustration Purposes Only

Example: #4							
BILL TYPE:		131	Urban Hospital				
LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	
							Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present on Lines 14 and 16; Proceed to Step 3 for all lines except Lines 14 and 16; Proceed to Step 6 for Lines 14 and 16
01	250	PHARMACY			2	\$7.20	\$0.00
							Line 1 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 if qualified under surgery bundling, verify that exempt procedure is not present; Step 5 value line at \$0.00
02	270	MED-SUR SUPPLIES			1	\$65.00	\$0.00
							Line 2 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 if qualified under surgery bundling, verify that exempt procedure is not present; Step 5 value line at \$0.00
03	272	STERILE SUPPLY	V2630		1	\$75.00	\$0.00
							Line 3 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 if qualified under surgery bundling, verify that exempt procedure is not present; Step 5 value line at \$0.00
04	300	LABORATORY	87110	CULTURE, CHLAMYDIA	1	\$78.75	\$27.37
							Line 4 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable
05	300	LABORATORY	80053	COMPREHENSIVE METABOLIC PANEL	1	\$112.82	\$14.77
							Line 5 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable

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06	300	LABORATORY	83690	LIPASE	1	\$14.28	\$9.62	<b>Line 6 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
07	300	LABORATORY	87210	SMEAR, PRIMARY SOURCE WITH INTERF	1	\$26.25	\$5.96	<b>Line 7 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
08	300	LABORATORY	87324	INFECTIOUS AGENT ANTIGEN DETECT	1	\$41.48	\$16.76	<b>Line 8 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
09	305	LAB/HEMATOLOGY	85027	BLOOD COUNT; COMPLETE (CBC)	1	\$18.90	\$8.97	<b>Line 9 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
10	306	LAB/BACT-MICRO	87205	SMEAR, PRIMARY SOURCE WITH INTERPF	1	\$28.35	\$5.96	<b>Line 10 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
11	307	LAB/UROLOGY	81001	URINALYSIS	1	\$20.98	\$4.43	<b>Line 11 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>

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12	402	ULTRASOUND	76801	ULTRASOUND, PREGNANT UTERUS	1	\$299.00	\$97.47	<b>Line 12 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
13	402	ULTRASOUND	76817	ULTRASOUND, PREGNANT UTERUS	1	\$211.00	\$97.47	<b>Line 13 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
14	450	EMERGENCY ROOM	51702	INSERT TEMP INDWELLING BLADDER CAT	1	\$110.00	\$35.11	<b>Line 14 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
15	450	EMERGENCY ROOM	90784	THERAPEUTIC OR DIAGNOSTIC INJECTION	2	\$234.00	\$114.82	<b>Line 15 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
16	450	EMERGENCY ROOM	99285	EMERGENCY DEPARTMENT VISIT	1	\$1,250.00	\$369.38	<b>Line 16 - <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> multiple the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
17	636	DRUGS/DETAIL CODING	J2270	INJECTION, MORPHINE SULFATE	1	\$23.35	\$2.10	<b>Line 17 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>

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18	636	DRUGS/DETAIL CODING	J2550	INJECTION, PROMETHAZINE HCL	1	\$23.05	\$2.23	<b>Line 18 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
19	636	DRUGS/DETAIL CODING	J7030	INFUSION, NORMAL SALINE	2	\$57.60	\$9.26	<b>Line 19 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
20						\$2,760.01	\$821.68	

**Example Claims with indication of allowed amounts - For Illustration Purposes Only**

<b>Example: #5</b>							
<b>BILL TYPE:</b>	131			Urban Hospital			
<b>LINE #</b>	<b>REV. CODE</b>	<b>DESCRIPTION</b>	<b>HCPC/CPT CODE</b>	<b>DESCRIPTION</b>	<b>UNIT BILLED</b>	<b>BILLED CHARGE</b>	
							<b>Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present on line 9; Proceed to Step 3 for all lines except Line 9; Proceed to Step 6 for Lines 8 and 9</b>
01	300	LABORATORY	80069	RENAL FUNCTION PANEL	1	\$72.90	\$12.13 <b>Line 1 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>
02	300	LABORATORY	83735	MAGNESIUM	1	\$13.89	\$9.36 <b>Line 2 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>
03	320	DX X-RAY	71020	RADIOLOGIC EXAMINATION, CHEST	1	\$200.00	\$50.47 <b>Line 3 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>
04	320	DX X-RAY	72050	RADIOLOGIC EXAMINATION, SPINE	1	\$350.00	\$84.77 <b>Line 4 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>



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05	320	DX X-RAY	72070	RADIOLOGIC EXAMINATION, SPINE	1	\$149.10	\$50.47	<b>Line 5 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
06	320	DX X-RAY	72100	RADIOLOGIC EXAMINATION, SPINE	1	\$260.00	\$50.47	<b>Line 6 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
07	320	DX X-RAY	72170	RADIOLOGIC EXAMINATION, PELVIS	1	\$140.00	\$50.47	<b>Line 7 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
08	450	EMERGENCY ROOM	90784	THERAPEUTIC OR DIAGNOSTIC INJECTION	2	\$234.00	\$114.82	<b>Line 8 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
09	450	EMERGENCY ROOM	99283	EMERGENCY DEPARTMENT VISIT	1	\$450.00	\$215.07	<b>Line 9 - <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> multiple the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
10	636	DRUGS/DETAIL CODING	J2270	INJECTION, MORPHINE	1	\$23.35	\$2.10	<b>Line 10 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>

**Example Claims with indication of allowed amounts - For Illustration Purposes Only**

11	636	DRUGS/DETAIL CODING	J2765	INJECTION, METOCLOPRAMIDE HCL	1	\$20.05	\$0.42	<b>Line 11 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
12	636	DRUGS/DETAIL CODING	J7030	INFUSION, NORMAL SALINE	1	\$28.80	\$0.98	<b>Line 12 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
13	730	EKG/ECG	93005	ELECTROCARDIOGRAM	1	\$50.00	\$28.77	<b>Line 13 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
14						\$1,992.09	\$670.30	

## Example Claims with indication of allowed amounts - For Illustration Purposes Only

Example: #6							
BILL TYPE:		131	Urban Hospital				
LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	
							Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present on Line 7; Proceed to Step 3 for all lines except Line 7; Proceed to Step 6 for Line 7
01	250	PHARMACY			14	\$482.00	Line 1 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 if qualified under surgery bundling, verify that exempt procedure is not present; Step 5 value line at \$0.00
02	255	DRUGS/INCIDENT RAD			2	\$98.70	Line 2 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 if qualified under surgery bundling, verify that exempt procedure is not present; Step 5 value line at \$0.00
03	300	LABORATORY	36415	ROUTINE VENIPUNCTURE	1	\$14.30	Line 3 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; Step 6 Procedure Specific Rate Not Found; Proceed to Step 10; Step 10 Multiple allowed charges by Cost to Charge Ratio
04	305	LAB/HEMATOLOGY	85380	FIBRIN DEGRADATION PRODUCTS	1	\$133.20	Line 4 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable
05	324	DX X-RAY/CHEST	71010	RADIOLOGIC EXAMINATION, CHEST	1	\$141.00	Line 5 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 6; Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable

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06	341	NUC MED/DX	78585	PULMONARY PERFUSION IMAGING	1	\$1,494.30	\$345.67	<b>Line 6 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
07	450	EMERGENCY ROOM	99284	EMERGENCY DEPARTMENT VISIT	1	\$561.00	\$369.38	<b>Line 7 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
08	450	EMERGENCY ROOM	90784	THERAPEUTIC OR DIAGNOSTIC INJECTION	4	\$278.20	\$229.64	<b>Line 8 - <u>Step 3</u> Revenue Code Not Bundled under E/R; Proceed to Step 6; <u>Step 6</u> Procedure Specific Rate Found; Proceed to Step 7; <u>Step 7</u> Multiply the allowed unit of 1 by rate; Proceed to Step 9; <u>Step 9</u> Apply Peer Group Modifier if applicable</b>
09						\$3,202.70	\$1,012.38	

**Example Claims with indication of allowed amounts - For Illustration Purposes Only**

<b>Example: #7</b>								
<b>BILL TYPE:</b>		131	Urban Hospital					
<b>LINE #</b>	<b>REV. CODE</b>	<b>DESCRIPTION</b>	<b>HCPC/CPT CODE</b>	<b>DESCRIPTION</b>	<b>UNIT BILLED</b>	<b>BILLED CHARGE</b>		<b>Overall Claim - Step 1 Passed, Proceed to Step 2; Step 2 No E/R or Surgical CPT/HCPCS Present, Proceed to Step 6</b>
01	270	MED-SUR SUPPLIES			1	\$5.15	\$1.64	<b>Line 1 - Step 6 Procedure Specific Rate Not Found; Proceed to Step 10; Step 10 Multiple allowed charges by Cost to Charge Ratio</b>
02	760	TREATMENT ROOM			2	\$57.08	\$18.22	<b>Line 2 - Step 6 Procedure Specific Rate Not Found; Proceed to Step 10; Step 10 Multiple allowed charges by Cost to Charge Ratio</b>
03	920	OTHER DX SVS	59025	FETAL NON-STRESS TEST	1	\$231.75	\$93.71	<b>Line 3 - Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>
04						\$293.98	\$113.57	

**Example Claims with indication of allowed amounts - For Illustration Purposes Only**

<b>Example: #8</b>								
<b>BILL TYPE:</b>		131	Urban Hospital					
<b>LINE #</b>	<b>REV. CODE</b>	<b>DESCRIPTION</b>	<b>HCPC/CPT CODE</b>	<b>DESCRIPTION</b>	<b>UNIT BILLED</b>	<b>BILLED CHARGE</b>		<b>Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Not Present; Proceed to Step 6</b>
01	250	PHARMACY			3	\$9.00	\$2.87	<b>Line 1 - Step 6 Procedure Specific Rate Not Found; Proceed to Step 10; Step 10 Multiple allowed charges by Cost to Charge Ratio</b>
02	456	URGENT CARE	99203	OFFICE OR OTHER OUTPATIENT VISIT	1	\$300.00	\$78.45	<b>Line 2 - Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>
03						\$309.00	\$81.32	

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<b>Example: #9</b>							
<b>BILL TYPE:</b>	131			Urban Hospital			
<b>LINE #</b>	<b>REV. CODE</b>	<b>DESCRIPTION</b>	<b>HCPC/CPT CODE</b>	<b>DESCRIPTION</b>	<b>UNIT BILLED</b>	<b>BILLED CHARGE</b>	
							<b>Overall Claim - Step 1 Passed, Proceed to Step 2; Step 2 No E/R or Surgical CPT/HCPCS Present, Proceed to Step 6</b>
01	402	ULTRASOUND	76819	FETAL BIOPHYSICAL PROFILE	1	\$254.81	\$97.47
							<b>Line 1 - Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>
02	760	TREATMENT ROOM			1	\$28.54	\$9.11
							<b>Line 2 - Step 6 Procedure Specific Rate Not Found; Proceed to Step 10; Step 10 Multiple allowed charges by Cost to Charge Ratio</b>
03	920	OTHER DX SVS	59025	FETAL NON-STRESS TEST	1	\$231.75	\$93.71
							<b>Line 3 - Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>
04						\$515.10	\$200.29

**Example Claims with indication of allowed amounts - For Illustration Purposes Only**

<b>Example: #10</b>							
<b>BILL TYPE:</b>	721			Urban Hospital			
<b>LINE #</b>	<b>REV. CODE</b>	<b>DESCRIPTION</b>	<b>HCPC/CPT CODE</b>	<b>DESCRIPTION</b>	<b>UNIT BILLED</b>	<b>BILLED CHARGE</b>	
							<b>Overall Claim - Step 1 Passed, Proceed to Step 2; Step 2 No E/R or Surgical CPT/HCPCS Present, Proceed to Step 6</b>
01	510	CLINIC	99214	O/P VISIT	1	\$139.00	\$116.19
							<b>Line 1 - Step 6 Procedure Specific Rate Found; Proceed to Step 7; Step 7 Multiply the allowed unit of 1 by rate; Proceed to Step 9; Step 9 Apply Peer Group Modifier if applicable</b>
02						\$139.00	\$116.19



EXAMPLE VALIDITY EDITS -

1. VALID PROCEDURE (USING RF110)
2. VALID PROCEDURE TO REVENUE CODE RELATIONSHIP (USING RF773)
3. VALID MODIFIER TO PROCEDURE CODE RELATIONSHIP (USING RF122)
4. COVERED PROCEDURE (USING RF123)
5. OUTPATIENT LIMITS FOR PROCEDURE CODE (RF127)
6. OUTPATIENT CCI UNBUNDLING SITUATIONS (RF128)



OUTPATIENT HOSPITAL CLAIM PRICING PROCESS - for each line:

**Step 1** - All claims/encounters are edited to ensure validity of data submitted.

If validity editing is passed

Proceed to *Step 2*

If validity editing is not passed

Claim/encounter does not proceed further into the process until resolved

**Step 2** - Determine if a E/R or Surgical CPT/HCPCS is Present on any line.

If an E/R or Surgical CPT/HCPCS is Present

Validate against Bundled Rate Driver Table - RF797

If Found

Proceed to *Step 3*

If Not Found

Proceed to *Step 6*

If no E/R or Surgical is Present

Proceed to *Step 6*

**Step 3** - Determine if any other Revenue Codes on the claim are to be bundled under the E/R or Surgical CPT/HCPCS by validating against RF796,

If Found

Proceed to *Step 4*

If not Found

Proceed to *Step 6*

**Step 4** - Determine if any of the other Revenue Codes on the claim which were identified for bundling under Surgery, have an associated CPT/HCPCS which is excluded from Surgical bundling by validating against RF739,

If Found

Proceed to *Step 6*

If Not Found

Proceed to *Step 5*

**Step 5** - Value E/R or Surgical CPT/HCPCS identified in Step 2, by proceeding to Step 5, Value Bundled Revenue Codes identified in Step 3 and verified in Step 4 at \$0.00

**Step 6** - Determine if a CPT/HCPCS has a procedure specific rate by validating against RF126,

If Found

Select the rate found on RF126 for the claim dates of service/receipt date and Proceed to *Step 7*

If Not Found

Proceed to *Step 10*

**Step 7** - Multiply the allowed units on the claim line by the amount found in Step 6

If a Modifier is present

Proceed to *Step 8*

If a Modifier is not present

Proceed to *Step 9*

**Step 8** - If a Modifier or Modifiers are present on the line, if applicable validate against RF122 to determine the % or allowed amount to be applied to the CPT/HCPCS and/or Proceed to Step 9

**Step 9** - Apply the Peer Group Multiplier to the valued amounts from Steps 5 through 8, as found on PR050 with a rate schedule type of PGM, and Proceed to *Step 11*

**Step 10** - Apply the State Cost to Charge Ratio for the claim date of service and receipt date as found on RF618 with a rate schedule type of SCO, and Proceed to *Step 11*

**Step 11** - Once all lines have been valued, add the allowed amounts for all lines to determine the claim allowed amount and Proceed to *Step 12*

**Step 12** - Subtract Other Insurance Payments and Add Penalty or Subtract Discount Amounts as applicable.